

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/889807**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4						
5		①				
6		①				
7		①				
8		①				
9		①				
10		①				
11		①				
12		①				
13		①				
14		①				
15		①				
16		①				
17		①				
18		①				
19		①				
20		①				
21		①				
22		①				
23		①				
24		①				
25		①				
26		①				
27		①				
28		①				
29		①				
30		①				
31		①				
32		①				
33		①				
34		①				
35		①				
36		①				
37		①				
38		①				
39		①				
40		①				
41		①				
42		①				
43		①				
44		①				
45		①				
46		①				
47		①				
48		①				
49		①				
50		①				
TOTAL IND.		↓		↓		↓
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*
	IND.	DEP.	IND.	DEP.	IND.
51		①			
52		①			
53		①			
54		①			
55		①			
56		①			
57		①			
58		①			
59		①			
60		①			
61		①			
62		①			
63		①			
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.	1	↓		↓	↓
TOTAL DEP.	62				
TOTAL CLAIMS	63				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS